

Public Health and Clinical priorities for displaced people fleeing the war in Ukraine

This document replaces Public Health Advisory REF No. 001: Immediate Public Health Advice for Community Health Organisations in responding to the health needs of people fleeing the war in Ukraine. Version 1.0. Issued on 25/03/2022

Principles:

1. It has been clearly indicated by Government that all Ukrainian refugees arriving in Ireland are to be treated as per EU citizens, that is, they are entitled to the same healthcare as Irish and European Citizens.
2. It is important to ensure that the treatment of those who are currently in receipt of treatment for Tuberculosis and/or Blood-Borne Viruses, remains uninterrupted.
3. Those without vaccine records or a reliable verbal history of immunisation should be assumed to be unimmunised.
4. An 'open-door' policy to vaccination should be adopted to enable vaccination to occur easily and when the opportunity arises.

1. COVID-19

- Every displaced person should be offered COVID-19 vaccination. There should be repeated encouragement, promotion and offers of vaccination and booster doses as indicated.
- During outbreaks or clusters of illness, a mechanism should be put in place to identify those who may be vulnerable to severe COVID-19 illness. They should be promptly referred as they may benefit from new treatments.
- More detailed guidance on the prevention of COVID-19 in congregated settings and managing cases and outbreaks of COVID-19 in temporary reception centres is available here: <https://www.hpsc.ie/a-z/specificpopulations/migrants/ukrainianrefugees/publichealthresources/>

2. Congregate setting advice

- Congregate living arrangements, particularly communal sleeping arrangements pose a risk for transmission of illnesses such as norovirus, measles, chicken pox, COVID-19 and tuberculosis. Many of these infectious diseases are preventable with vaccination.
- In order to prevent outbreaks:
 - All children and adults should be offered catch-up vaccination to bring them in line with the Irish immunisation schedule.
 - Implement good hygiene and ensure infection prevention and control (IPC) measures are in place in congregate settings. Guidance on COVID-19 IPC measures in congregate settings is available here: <https://www.hpsc.ie/a-z/specificpopulations/migrants/ukrainianrefugees/publichealthresources/>. While these guidelines are COVID specific, the general principles apply to the prevention of droplet, airborne and faecal-oral infectious disease transmission.

- Identify anyone who becomes ill and refer promptly to relevant health services for assessment as necessary.
- During outbreaks, reinforce the implementation of IPC guidance to the ‘person-in-charge’ of the congregate setting.

3. Immunisation

- Take a full vaccination history from all adults and children and offer them catch-up vaccinations to bring them in line with the Irish immunisation schedule.
- Those without vaccine records or a reliable verbal history of immunisation should be assumed to be unimmunised.
- Advice for GPs and CHOs on the provision of catch-up vaccines is available here <https://www.hse.ie/eng/health/immunisation/hcinfo/ukraine/>
- The National Immunisation Office will be available to support immunisations via community operations to ensure a consistent, evidence based and equitable response with appropriate recording.
- Immunisation priorities are as follows:

<p>1. Every adult and eligible child should be offered COVID-19 vaccine if not already fully vaccinated (including booster).</p>
<p>2. Every child should be vaccinated according to the Irish immunisation schedule https://www.hse.ie/eng/health/immunisation/pubinfo/pcischedule/immschedule/</p> <ul style="list-style-type: none"> a. If there is no accurate immunisation history, they should be treated as unimmunised b. If there is an accurate history or evidence of immunisation the child should be offered any necessary catch-up immunisations to transfer them to the Irish immunisation schedule as per guidance https://www.hse.ie/eng/health/immunisation/hcinfo/hcpci/tips-catch-up-feb-2022.pdf
<p>3. All pregnant people should be offered all appropriate immunisations including pertussis, influenza and COVID-19. https://www.hse.ie/eng/health/immunisation/pubinfo/pregvaccs/</p>
<p>4. All school aged children should be offered appropriate immunisation as per the Irish schedule. https://www.hse.ie/eng/health/immunisation/pubinfo/schoolprog/</p> <ul style="list-style-type: none"> a. If there is no accurate immunisation history, they should be treated as unimmunised b. If there is an accurate history or evidence of immunisation the school-aged child should be offered any necessary catch-up immunisations to transfer them to the Irish immunisation schedule as per guidance https://www.hse.ie/eng/health/immunisation/hcinfo/hcpci/tips-catch-up-feb-2022.pdf

<p>5. All those on the NIAC recommended risk groups should be offered Influenza vaccine https://www2.hse.ie/screening-and-vaccinations/flu-vaccine/getting/#who-can-get-a-free-flu-vaccine</p>
<p>6. All adults should be offered appropriate immunisation as per the Irish schedule https://www.hse.ie/eng/health/immunisation/pubinfo/adult/</p> <p>a. If there is no accurate immunisation history, they should be treated as unimmunised</p> <p>b. If there is an accurate history or evidence of immunisation the adult should be offered any necessary catch-up immunisations to transfer them to the Irish immunisation schedule as per guidance https://www.hse.ie/eng/health/immunisation/hcpinfo/hcppci/tips-catch-up-feb-2022.pdf</p> <p>c. All adults should be offered Hepatitis B vaccination if found to be eligible after screening bloods, as per NIAC guidelines. https://www.hse.ie/eng/health/immunisation/pubinfo/adult/hepb/hepb.html</p>

4. Blood Borne Viruses (HIV; Hepatitis B; Hepatitis C)

- Displaced people who have a confirmed diagnosis of HIV, Hepatitis B or Hepatitis C should be referred for specialist care in order to continue their care and prevent adverse outcomes from interrupted treatment.
- Risk factors for the acquisition or transmission of blood borne viruses (Intra venous drug use, sex workers, MSM, extensive tattoos/body piercings, partners/household contacts/offspring of cases, ex-prisoners, snort cocaine, major surgery, on dialysis) should be ascertained, and testing is indicated if present. Infection prevention advice should be given to those in risk groups.
- The prevalence of blood-borne viruses in Ukraine is at or above rates at which the ECDC recommends testing. All adults should be offered testing for Hepatitis B, Hepatitis C and HIV and should be referred to specialist care or offered vaccination (for Hepatitis B) as indicated.
- Ensure all children and adults in risk groups for hepatitis B acquisition are up to date with hepatitis B vaccination. Adult information: <https://www.hse.ie/eng/health/immunisation/pubinfo/adult/hepb/hepb.html>; Child information: <https://www.hse.ie/eng/health/immunisation/pubinfo/pcischedule/vpds/hepb/>
- For additional information on infectious disease assessment for migrants please see: <https://www.hpsc.ie/a-z/specificpopulations/migrants/guidance/File,14742,en.pdf>

5. Tuberculosis (TB)

- The priority for managing the risk of TB in this population focuses on continuation of current treatment for those who have a confirmed diagnosis of TB and the early identification and prompt treatment of new cases.
- Displaced people who have a confirmed diagnosis of TB should be referred for specialist care in order to continue their care and prevent adverse outcomes from interrupted treatment.

- All health care workers including GPs should have a high index of suspicion and awareness with regard to TB disease and aim to avoid delays in diagnosis and treatment.
 - Symptom screening for all displaced people is recommended, with subsequent appropriate investigation and follow-up. Currently the individual health assessment (Accessible here: <https://www.hpsc.ie/a-z/specificpopulations/migrants/ukrainianrefugees/publichealthresources/>) asks 6 TB questions, which if responded to in the affirmative, require referral to a GP. Anyone with suspect TB symptoms, and anyone with a cough lasting more than 3 weeks, should be referred for Chest X-Ray.
 - Anyone living with HIV should be referred for Chest X-Ray.
- Currently, the ECDC does not recommend either universal testing for TB infection or universal screening for TB disease for refugees arriving in European countries from Ukraine (Accessible here: <https://www.ecdc.europa.eu/sites/default/files/documents/ECDC-WHO-information-note-TB-testing-and-screening.pdf>). The current approach being taken in Ireland is in line with this document.

6. Rabies

- All healthcare workers should have a high index of awareness/suspicion of the risk of rabies from an exposure (bite; scratch; lick of an open wound) from an animal (mostly dogs and cats) from Ukraine. Clinical care and/or advice should be sought.
- Guidance available on immediate wound care and rabies post exposure prophylaxis is available here: <https://www.hpsc.ie/a-z/zoonotic/rabies/>
- Rabies vaccination with or without Human Rabies Immunoglobulin (HRIG) (administered in the Emergency Department) may be indicated.

7. Individual Health Assessment

- A baseline individual health assessment on each individual arriving is desirable. Public Health have developed a pilot individual health assessment for arrivals available here: <https://www.hpsc.ie/a-z/specificpopulations/migrants/ukrainianrefugees/publichealthresources/>
- The form is not intended as a screening programme.
- The purpose of the questionnaire is to quickly flag those who need to be referred for care;
 - Identify those who are eligible for and would like to be vaccinated against COVID-19
 - Identify those in congregate accommodations settings who are acutely unwell and need to be referred to a paramedic or GP
 - Identify those who need rapid referral to a GP or other service in order to prevent rapid deterioration if care is interrupted.
 - Identify vaccinations required to bring adults and children in line with the Irish immunisation schedule

- It is recognised that the response may vary between CHOs. Therefore, using this tool or any part of it, as a way of identifying those who need onward referral is optional. The participation of displaced people in this process is voluntary.
- This tool will be updated in the coming weeks as needs become clearer and priorities are defined. Any updated tools will be available via the same link.

For further information and resources:

- For information from the HSE on healthcare services for displaced people in Ireland visit <https://www2.hse.ie/services/healthcare-in-ireland/ukrainian-refugees.html> . This information is available in English, Ukrainian and Russian.
- Translated COVID-19 resources: <https://www.hse.ie/eng/services/covid-19-resources-and-translations/translated-covid19-information/>
- Immunisation information to support people from Ukraine is available from the HSE National Immunisation Office:
<https://www.hse.ie/eng/health/immunisation/hcpinfo/ukraine/>
- Public Health Resources and guidance will be available here: <https://www.hpsc.ie/a-z/specificpopulations/migrants/ukrainianrefugees/publichealthresources/>